

(c) The committee insures that each continued stay review date it assigns is recorded in the recipient's record.

**§ 456.235 Description of methods and criteria: Continued stay review dates; length of stay modification.**

The UR plan must describe—

(a) The methods and criteria, including norms if used, that the committee uses to assign initial and subsequent continued stay review dates under §§ 456.233 and 456.234 of this subpart; and

(b) The methods that the committee uses to modify an approved length of stay when the recipient's condition or treatment schedule changes.

**§ 456.236 Continued stay review process.**

The UR plan must provide that—

(a) Review of continued stay cases is conducted by—

- (1) The UR committee;
- (2) A subgroup of the UR committee; or
- (3) A designee of the UR committee;
- (b) The committee, subgroup or designee reviews a recipient's continued stay on or before the expiration of each assigned continued stay review date;

(c) For each continued stay of a recipient in the mental hospital, the committee, subgroup or designee reviews and evaluates the documentation described under § 456.211 against the criteria developed under § 456.232 and applies close professional scrutiny to cases described under § 456.232(b).

(d) If the committee, subgroup or designee finds that a recipient's continued stay in the mental hospital is needed, the committee assigns a new continued stay review date in accordance with § 456.234;

(e) If the committee, subgroup or designee finds that a continued stay case does not meet the criteria, the committee or a subgroup that includes at least one physician reviews the case to decide the need for continued stay;

(f) If the committee or subgroup making the review under paragraph (e) of this section finds that a continued stay is not needed, it notifies the recipient's attending or staff physician and gives him an opportunity to present his views before it makes a

final decision on the need for the continued stay;

(g) If the attending or staff physician does not present additional information or clarification of the need for the continued stay, the decision of the committee or subgroup is final; and

(h) If the attending or staff physician presents additional information or clarification, at least two physician members of the committee, one of whom is knowledgeable in the treatment of mental diseases, review the need for the continued stay. If they find that the recipient no longer needs inpatient mental hospital services, their decision is final.

**§ 456.237 Notification of adverse decision.**

The UR plan must provide that written notice of any adverse final decision on the need for continued stay under § 456.236 (f) through (h) is sent to—

- (a) The hospital administrator;
- (b) The attending or staff physician;
- (c) The Medicaid agency;
- (d) The recipient; and
- (e) If possible, the next of kin or sponsor.

**§ 456.238 Time limits for final decision and notification of adverse decision.**

The UR plan must provide that—

(a) The committee makes a final decision on a recipient's need for continued stay and gives notice under § 456.237 of an adverse decision within 2 working days after the assigned continued stay review date, except as required under paragraph (b) of this section.

(b) If the committee makes an adverse final decision on a recipient's need for continued stay before the assigned review date, the committee gives notice under § 456.237 within 2 working days after the date of the final decision.

UR PLAN: MEDICAL CARE EVALUATION STUDIES

**§ 456.241 Purpose and general description.**

(a) The purpose of medical care evaluation studies is to promote the most effective and efficient use of available